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Epi Times

The Immunization Issue

Department of Health Pasco County
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Office Hours
Mon-Fri 8am—5pm

To report a disease, disease outbreak or request information call:

Epidemiology: (352) 521-1450 Option 2

Confidential fax: (352) 521-1435

TB: (727) 861-5260 ext. 0253

Confidential fax: (727) 861-4844

Environmental: (813) 558-5173

Animal Control
(report animal bites):
(727) 834-3216
Fax: (813) 929-1218

STD/HIV: (727) 484-3655 (W. Pasco) or (352) 834-6150 (E. Pasco)

HIV (testing)**:** (727) 861-5250 ext. 0260 (W. Pasco) or (352) 834-6146 (E. Pasco)

After Hours:
Pager (727) 257-1177
Answering Service (727) 815-4088

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Florida SHOTS

Florida State Health Online Tracking System (SHOTS) is a statewide electronic database where health care providers and state officials can track immunization records for Florida residents. Children can either be entered electronically at birth, by their health care providers or through linkage with birth records from Vital Statistics.

Once they are in the system, children can be followed electronically to make sure that they are on schedule for their required immunizations. This data is collected from a variety of sources, including, but not limited to, county health departments, private health care providers and Medicaid. Florida SHOTS also alerts providers when a child is overdue for or missing a vaccination. The system helps to prevent unnecessary immunizations, as providers can use Florida SHOTS to check up to what dose a child has had in a vaccine series. Florida SHOTS helps to keep a consistent and consolidated record of vaccinations that can be accessed by any provider in the state, making accessing records for new clients fast and simple.

This online system is critical to ensuring high vaccine coverage in the state, and in turn keeping children in Florida healthy. Not only does Florida SHOTS help the state to identify areas with low vaccine coverage that might be susceptible to outbreaks of disease, it also provides an easy-to-access medical records for health care providers. Florida SHOTS is available to all licensed health care providers in the state. For more information and to establish an account, contact the Pasco County Health Department at 813-780-0740, extension 5812.

For further information on Florida Shots, go to www.flshots.com
or call the Florida Department of Health Pasco County, 813-780-0740, extension 5812.

3rd Quarter 2015 Disease Summary

Disease/Condition*	2015 Jul - Sep	2015 YTD	2014 Jul - Sep	2014 YTD
CAMPYLOBACTERIOSIS	24	77	22	49
CARBON MONOXIDE POISONING	0	2	2	3
CHIKUNGUNYA FEVER	0	0	3	3
CHOLERA (VIBRIO CHOLERAE TYPE O1)	0	0	0	1
CREUTZFELDT-JAKOB DISEASE (CJD)	0	1	0	1
CRYPTOSPORIDIOSIS	18	24	105	110
EHRLICHIOSIS/ANAPLASMOSIS	1	2	0	0
ESCHERICHIA COLI, SHIGA TOXIN-PRODUCING (STEC)	4	8	4	12
GIARDIASIS, ACUTE	6	15	17	29
HAEMOPHILUS INFLUENZAE INVASIVE DISEASE	0	1	0	1
HEMOLYTIC UREMIC SYNDROME (HUS)	0	1	0	0
HEPATITIS A	2	4	0	7
HEPATITIS B, ACUTE	23	54	17	42
HEPATITIS B, CHRONIC	31	80	24	56
HEPATITIS B, SURFACE ANTIGEN IN PREGNANT WOMEN	4	8	2	7
HEPATITIS C, ACUTE	2	4	2	7
HEPATITIS C, CHRONIC	237	796	201	520
LEAD POISONING	11	27	6	22
LEGIONELLOSIS	4	6	1	4
LISTERIOSIS	0	1	0	1
LYME DISEASE	7	11	3	4
MALARIA	0	0	0	1
MENINGITIS, BACTERIAL OR MYCOTIC	5	6	0	0
MENINGOCOCCAL DISEASE	0	0	1	1
MERCURY POISONING	0	0	0	1
MUMPS	0	1	0	2
PERTUSSIS	1	13	1	16
RABIES, ANIMAL	0	1	2	5
RABIES, POSSIBLE EXPOSURE	37	146	56	154
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	1
SALMONELLOSIS	44	97	54	97
SHIGELLOSIS	9	12	1	6
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-RESISTANT	0	1	0	5
STREP PNEUMONIAE INVASIVE DISEASE, DRUG-SUSCEPTIBLE	0	4	2	9
VARICELLA (CHICKENPOX)	5	21	5	14
VIBRIOSIS (VIBRIO ALGINOLYTICUS)	0	1	1	1
VIBRIOSIS (VIBRIO CHOLERAE TYPE NON-O1)	0	0	0	2
VIBRIOSIS (VIBRIO FLUVIALIS)	0	0	1	1
VIBRIOSIS (VIBRIO VULNIFICUS)	0	1	0	0
WEST NILE VIRUS NEUROINVASIVE DISEASE	0	0	1	1
TOTAL	**475**	**1426**	**534**	**1196**

PASCO HIV/AIDS/TB 3rd Quarter Summary

Disease	2015 Jul - Sep	2015 YTD (Sep)	2014 YTD (Sep)
HIV*	18	60	38
AIDS*	12	35	25
TB**	1	4	3

*Florida Department of Health, Bureau of HIV/AIDS (excluded DOC cases from report)

**Bureau of TB & Refugee Health

Department of Health - Pasco County offers **FREE RAPID HIV TESTING.**

Get tested today and receive results in 20 minutes!

For more information please visit www.pasco.floridahealth.gov or call (727) 841-4425 ext. 3655 or (352) 521-1450 ext. 6146

Tdap Vaccination Recommendations

Tdap in Pregnant Women

Pregnant women due for tetanus booster. If a tetanus and diphtheria booster vaccination is indicated during pregnancy (i.e., >10 years since previous Td), then Tdap should be administered. Optimal timing is between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.

Wound management for pregnant women. As part of standard wound management to prevent tetanus, a tetanus toxoid–containing vaccine might be recommended for wound management in a pregnant woman if ≥5 years have elapsed since the previous Td booster. If a Td booster is recommended for a pregnant woman, health-care providers should administer Tdap.

Pregnant women with unknown or incomplete tetanus vaccination. To ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids. The recommended schedule is 0, 4 weeks, and 6 through 12 months. Tdap should replace 1 dose of Td, preferably between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.

Cocooning

ACIP recommends that adolescents and adults (e.g., parents, siblings, grandparents, child-care providers, and health-care personnel) who have or anticipate having close contact with an infant aged <12 months should receive a single dose of Tdap to protect against pertussis if they have not received Tdap previously. Guidance will be forthcoming on revaccination of persons who anticipate close contact with an infant, including postpartum women who previously have received Tdap.

Source: MMWR 2013;62(No. 7):131-5

Hepatitis B Vaccine Recommendations

Hepatitis B Vaccine Routine Infant Schedule

Dose	Usual Age	Minimum Interval
Primary 1	Birth	---
Primary 2	1-2 months	4 weeks
Primary 3	6-18 months*	8 weeks**

* infants who mothers are HBsAg+ or whose HBsAg status is unknown should receive the third dose at 6 months of age
** at least 16 weeks after the first dose

Third Dose of Hepatitis B Vaccine

- Minimum of 8 weeks after second dose, and
- At least 16 weeks after first dose, and
- For infants, at least 24 weeks of age

Preterm Infants

- Birth dose and HBIG if mother HBsAg positive (within 12 hours of birth)
- Preterm infants who weigh less than 2,000 grams have a decreased response to vaccine administered before 1 month of age
- Delay first dose until chronologic age 1 month if mother documented to be HBsAg negative at the time of birth

Prevention of Perinatal Hepatitis B Virus Infection

- Begin treatment within 12 hours of birth
- Hepatitis B vaccine (first dose) and HBIG at different sites
- Complete vaccination series at 6 months of age
- Test for response after completion of at least 3 doses of the HepB series at 9 through 12 months of age (generally at the next well-child visit)

HPV Vaccination Recommendations

- ACIP recommends routine vaccination at age 11 or 12 years with HPV4 or HPV2 for females and HPV 4 for males
- The vaccination series can be started as young as 9 years of age
- Vaccination also recommended for females 13 through 26 years of age
- Vaccination also recommended for males 13 through 21 years of age
- All immunocompromised males (including HIV infection) and MSM through 26 years of age should be vaccinated
- Males aged 22 through 26 years may be vaccinated

HPV Vaccination Schedule

- Routine schedule is 0, 1 to 2, 6 months
- An accelerated schedule using minimum intervals is not recommended
- Series does not need to be restarted if the schedule is interrupted
- Prevaccination assessments not recommended
- No therapeutic effect on HPV infection, genital warts, cervical lesions

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH
Pasco County

Vision: To be the **Healthiest State** in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

October 21, 2015

Dear Provider,

Update: Shortened Interval for Post-vaccination Serologic Testing of Infants Born to Hepatitis B-Infected Mothers

We are pleased to share the following MMWR publication with our immunization partners. In the October 9, 2015 / 64(39); 1118–20 article, the Centers for Disease Control and Prevention (CDC) published, "Update: Shortened Interval for Post-vaccination Serologic Testing of Infants Born to Hepatitis B-Infected Mothers." You can read the article in its entirety at: www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm?s_cid=mm6439a6_e.

The CDC recommends a **shortened interval** for post-vaccination serologic testing (PVST) of infants born to hepatitis B virus (HBV) positive mothers to minimize the possibility for unnecessary revaccination. An estimated 25,000 infants are born to HBV-positive mothers each year in the United States. However, post-exposure prophylaxis (PEP) is highly effective in preventing perinatal HBV transmission; only one percent of infants receiving PEP develop infection. Infants born to HBV-infected mothers should receive hepatitis B vaccine (consisting of a 3– or 4–dose series) and hepatitis B immune globulin within 12 hours of birth to prevent perinatal HBV transmission.

In order to **determine** whether the infant requires revaccination, PVST was previously recommended at age 9–18 months. Because new evidence suggests that hepatitis B antibody levels decline following vaccination, the CDC now recommends that PVST take place earlier – at age 9–12 months, or 1–2 months after the final dose of the hepatitis B vaccine series – in order to ensure antibodies are detected.

Benefits to the shortened interval include a reduction in the time that non-responders are at risk for transmission from close contacts with HBV infection, opportunity for prompt revaccination when needed, and conservation of public health resources. Additionally, the authors note that a shortened interval might increase adherence with recommendations for timely completion of PVST.

Sincerely,

Fermin Leguen, MD
Medical Director

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Michael J. Napier, Administrator, Health Officer
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www.FloridaHealth.gov
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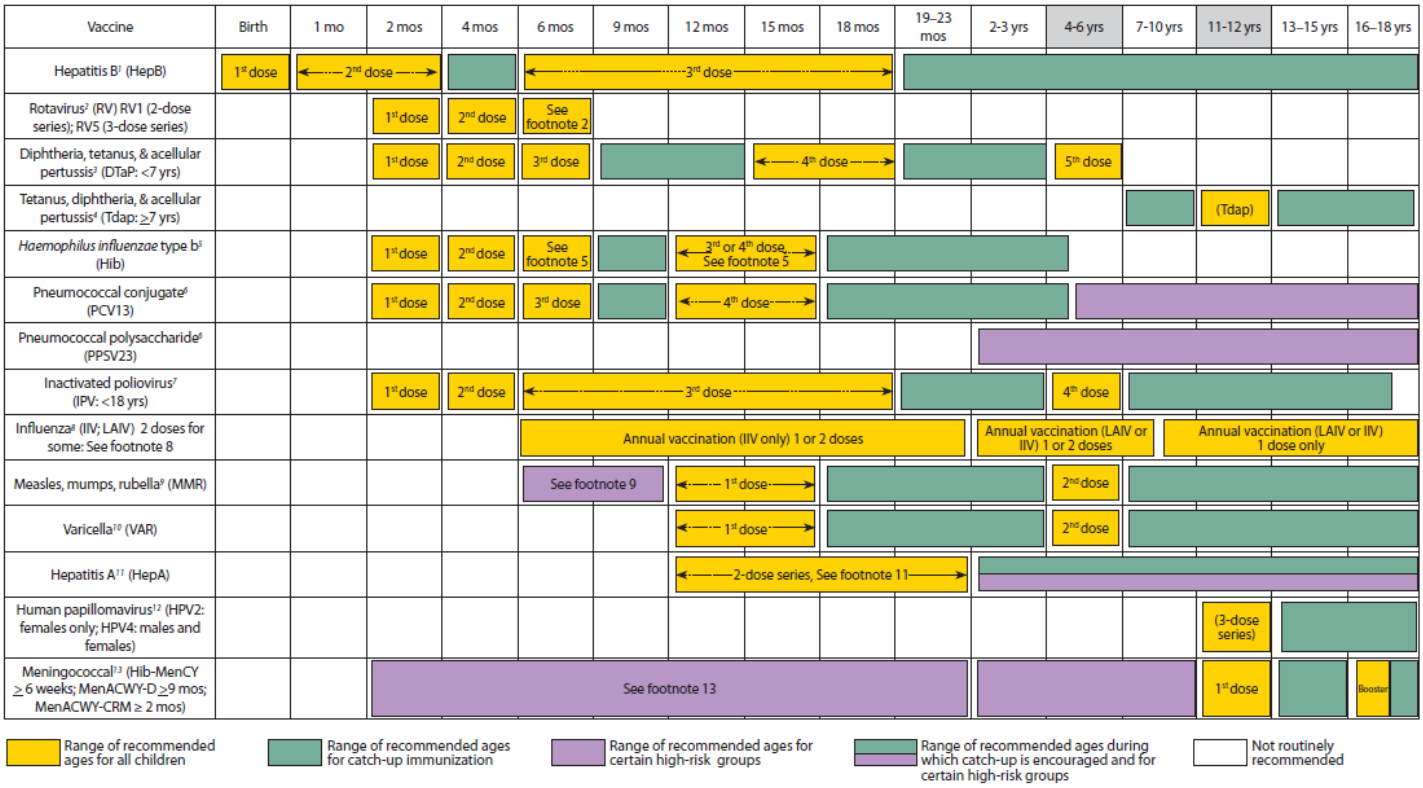
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Recommended Immunization Schedule for Persons aged 0-18 years

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.



This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes to the Immunization Schedule for Persons aged 0-18 years can be found at
http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf

Catch-up Immunization Schedule can be found at
http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf

Recommended Immunization Schedule for Adults

Recommended Adult Immunization Schedule—United States - 2015

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group[1]

VACCINE ▼ / AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza*[,2]	1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap)*[,3]	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					
Varicella*[,4]	2 doses					
Human papillomavirus (HPV) Female*[,5]	3 doses					
Human papillomavirus (HPV) Male*[,5]	3 doses					
Zoster[6]					1 dose	
Measles, mumps, rubella (MMR)*[,7]	1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13)*[,8]	1-time dose					
Pneumococcal polysaccharide (PPSV23)[8]	1 or 2 doses					1 dose
Meningococcal*[,9]	1 or more doses					
Hepatitis A*[,10]	2 doses					
Hepatitis B*[,11]	3 doses					
Haemophilus influenzae type b (Hib)*[,12]	1 or 3 doses					

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the America College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

Footnotes to the Immunization Schedule for Adults can be found at
http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf

Vaccines that might be indicated based on medical and other indications

Figure 2. Vaccines that might be indicated for adults based on medical and other indications[1]

VACCINE ▼ / INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) [4,6,7,8,13]	HIV infection CD4+ T lymphocyte count [4,6,7,8,13]: < 200 cells/μL	HIV infection CD4+ T lymphocyte count [4,6,7,8,13]: ≥ 200 cells/μL	Men who have sex with men (MSM)	Kidney failure, end-stage renal disease, receipt of hemodialysis	Heart disease, chronic lung disease, chronic alcoholism	Asplenia (including elective splenectomy and persistent complement component deficiencies) [8,12]	Chronic liver disease	Diabetes	Healthcare personnel
Influenza*[2]	1 dose IIV annually				1 dose IIV or LAIV annually	1 dose IIV annually					1 does IIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap)*[3]	1 dose Tdap each pregnancy	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs									
Varicella*[4]	Contraindicated			2 doses							
Human papillomavirus (HPV) Female*[5]		3 doses through age 26 yrs				3 doses through age 26 yrs					
Human papillomavirus (HPV) Male*[5]		3 doses through age 26 yrs				3 doses through age 21 yrs					
Zoster[6]	Contraindicated				1 dose						
Measles, mumps, rubella (MMR)*[7]	Contraindicated			1 or 2 doses							
Pneumococcal 13-valent conjugate (PCV13)*[8]					1 dose						
Pneumococcal polysaccharide (PPSV23)[8]					1 or 2 doses						
Meningococcal*[9]					1 or more doses						
Hepatitis A*[10]					2 doses						
Hepatitis B*[11]					3 doses						
Haemophilus influenzae type b (Hib)*[12]		post-HSCT recipients only			1 or 3 doses						

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults ages 19 years and older, as of February 1, 2015. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Footnotes to Vaccines that might be indicated based on medical and other indications can be found at http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ) Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local county health department?

Florida Department of Health in Pasco County - Epidemiology
13941 15th Street, Dade City, FL 33525
Phone (352) 521 - 1450 option 2
After Hours Reporting (727) 257 - 1177 (pager)
Confidential Fax (352) 521 - 1435

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
• Report next business day
\+ Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- \+ Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- • Arboviral diseases not otherwise listed
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- \+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- \+ Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- • Dengue fever
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- \+ Human immunodeficiency virus (HIV) infection
- • HIV, exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- \+ Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners…"